## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
BIRCH STEWART KOLASCH & BIRCH, LLP PO BOX 747 FALLS CHURCH, VA 22040-0747				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
·	10/569,204 02/23/2006 TITLE OF INVENTION: COMPOSITE EXTENSIBLE MEMBER AND		Kenji Ando	0445-0363PUS1		1718	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE			
nonprovisional	NO	\$1510	\$300		1 1		
EXAMIN	<del></del>	ART UNIT	CLASS-SUBCLASS	\$0 	\$1810	08/20/2009	
SALVATORE, LYNDA		1794	428-198000	ł			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  KAO CORPORATION  Tokyo, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
Sissue Fee Discrete Pee			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).				
5. Change in Entity Status  a. Applicant claims SI	MALL ENTITY status	above) . See 37 CFR 1.27.	☐ b. Applicant is no longe	er claiming SMALI	. ENTITY status See 37 CF	FR 1.27(a)(2)	
NOTE: The Issue Fee and Printerest as shown by the reco	ords of the United State	s Patent and Trademark	from anyone other than the Office.			e assignee or other party in	
Authorized Signature  Typed or printed name	John W. Bailey	·		Date Our Registration No.	y 27, 2009 32,881		
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